Senate

General Assembly

File No. 438

January Session, 2015

Senate Bill No. 808

Senate, April 2, 2015

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING THE ESTABLISHMENT OF A DISPUTE RESOLUTION PROCESS FOR SURPRISE BILLS AND BILLS FOR EMERGENCY SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2015*) (a) As used in this section:

(1) "Emergency condition" means a medical condition, or a mental or nervous condition as set forth in sections 38a-488a and 38a-514 of the general statutes, that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in (A) placing the health of the individual afflicted with a medical condition in serious jeopardy, or in the case of an individual afflicted with a mental or nervous condition, placing the health of such individual or others in serious jeopardy, (B) serious impairment to such individual's bodily functions, (C) serious dysfunction of any

bodily organ or body part of such individual, (D) serious disfigurement of such individual, or (E) a condition described in Section 1867(e)(1)(A) of the Social Security Act, as amended from time to time;

(2) "Emergency services" means, with respect to an emergency condition, (A) a medical screening examination as required under Section 1867 of the Social Security Act, as amended from time to time, that is within the capability of a hospital emergency department, including ancillary services routinely available to such department to evaluate such condition, and (B) such further medical examinations and treatment required under said Section 1867 to stabilize such individual, that are within the capability of the hospital staff and facilities;

(3) "Health care plan" means a health insurance policy or health benefit plan delivered, issued for delivery, renewed, amended or continued in this state that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes;

(4) "Nonparticipating" means not having a contract with a health care plan to provide health care services to an insured under such plan; and

(5) (A) "Surprise bill" means a bill for health care services, other than emergency services, received by: (i) An insured for services rendered by a nonparticipating physician at a participating hospital or participating ambulatory surgical center, where (I) a participating physician is unavailable, (II) a nonparticipating physician renders services without the insured's knowledge or consent, or (III) an unforeseen medical condition arises at the time such services are rendered that requires immediate medical attention; (ii) an insured for services rendered by a nonparticipating health care provider, where such services were referred by a participating physician to such provider without explicit written consent of the insured acknowledging such referral and that the referral may result in costs

not covered by the insured's health care plan; or (iii) an uninsured individual for services rendered by a physician at a hospital or an ambulatory surgical center, who did not receive prior disclosure from such physician of the costs for such services, or of a facility fee as required under section 19a-508c of the general statutes.

(B) "Surprise bill" does not include a bill for health care services received by an insured when a participating physician is available and the insured has elected to obtain services from a nonparticipating physician or nonparticipating health care provider.

(b) The Insurance Commissioner and the Commissioner of Public Health shall jointly adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to establish a dispute resolution process by which a dispute over a bill for emergency services or a surprise bill may be resolved. Such regulations shall include, but need not be limited to, (1) the procedures and standards for such dispute resolution process, (2) the procedures and standards for certifying independent dispute resolution entities, (3) the criteria to be used by independent dispute resolution entities to determine a reasonable fee for health care services or emergency services, and (4) the fees for and payment of such independent dispute resolution entities.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2015*	New section

INS *Joint Favorable*

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill requires the establishment of a dispute resolution process for certain health insurance situations. As these concern disputes between private entities, there is no anticipated state or municipal fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

SB 808

AN ACT CONCERNING THE ESTABLISHMENT OF A DISPUTE RESOLUTION PROCESS FOR SURPRISE BILLS AND BILLS FOR EMERGENCY SERVICES.

SUMMARY:

This bill requires the insurance and public health commissioners to jointly adopt regulations to establish a dispute resolution process to resolve disputes over (1) bills for emergency medical services or (2) "surprise bills" (see below). The regulations must include:

1. procedures and standards for (a) the dispute resolution process and (b) certifying independent dispute resolution entities;

2. criteria for independent dispute resolution entities to determine reasonable fees for health care or emergency services; and

3. the fees for, and payment of, the entities.

EFFECTIVE DATE: October 1, 2015

EMERGENCY SERVICES

Under the bill, "emergency services" are, for any emergency medical condition, medical examinations and ancillary services a hospital emergency department provides to evaluate and stabilize a patient.

An "emergency medical condition" is a medical or behavioral health condition that manifests itself by acute symptoms of sufficient severity that a prudent layperson with an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the afflicted person or another in serious jeopardy,

2. serious impairment to the afflicted person's bodily functions,

3. serious dysfunction to his or her bodily organs or body parts,

4. serious disfigurement, or

5. an emergency medical condition described in federal law.

SURPRISE BILLS

The bill defines a "surprise bill" as a bill for non-emergency health care services received by an:

1. insured person for services a nonparticipating physician (i.e., a physician not in a health care plan's provider network) renders at a participating hospital or ambulatory surgical center where (a) a participating physician is unavailable, (b) a nonparticipating physician provides services without the insured person's knowledge or consent that he or she is non-participating, or (c) an unforeseen medical condition arises while receiving services that requires immediate medical attention;

2. insured person for services a nonparticipating health care provider provides upon referral from a participating physician without explicit written consent of the insured person acknowledging the referral and that it may result in costs not covered by the person's health care plan; or

3. uninsured person for services a physician renders at a hospital or ambulatory surgical center for which the person did not receive prior disclosure of the service's costs or related facility fee.

Under the bill, a "health care plan" is a health insurance policy or health benefit plan delivered, issued, renewed, amended, or continued in Connecticut that covers (1) basic hospital expenses, (2) basic

medical-surgical expenses, (3) major medical expenses, and (4) hospital and medical services.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable
Yea 18 Nay 1 (03/19/2015)